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RECIPIENT/ PHONE NO.	FAX NO.	COMPANY/ CITY, STATE, COUNTRY
TC3700 Examiner Barry Pass	1.703.872.9302	USPTO Arlington, VA

Michael A. Bertelson  
FROM

3  
PAGES (WITH COVER)

5418  
REFERENCE NO

50642/270979  
CLIENT/MATTER NO.

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**COMMENTS**

The "Return Receipt" of facsimile transmission of the U.S. Patent and Trademark Office will acknowledge receipt of:

Applicant: Christopher P. Carson  
Title: Surgical Navigation Systems and Processes for High Tibial Osteotomy  
Serial No./Docket No.: 10/084291 50642/270979  
Filing Date: February 27, 2002

**PAPERS SUBMITTED:**

1. Transmittal Form No. PTO/SB/21; and
2. Status Inquiry.

Date: November 3, 2003  
By: Michael A. Bertelson, Reg. No. 54,713

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/084,291
	Filing Date	02/27/2002
	First Named Inventor	Christopher P. Carson
	Group Art Unit	3737
	Examiner Name	Barry Pass
Total Number of Pages in This Submission		Attorney Docket Number 50642/270979

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael A. Bertelson, Reg. No. 54,713 KILPATRICK STOCKTON LLP
Signature	
Date	Nov. 3, 2003

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, fax no. 703.872.9302, TC.3700 on <u>11/3/2003</u>			
Typed or printed name	Janie Wilkins		
Signature		Date	11/3/2003

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APPLICANT: Christopher P. Carson

SERIAL NO.: 10/084,291

GROUP ART UNIT: 3737

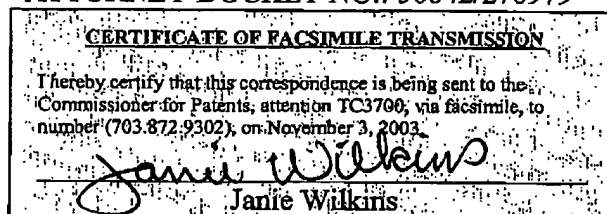
FILED: February 27, 2002

EXAMINER: Barry Pass

FOR: SURGICAL NAVIGATION SYSTEMS  
AND PROCESSES FOR HIGH TIBIAL  
OSTEOTOMY

OFFICIAL

ATTORNEY DOCKET NO.: 50642/270979

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313/1450STATUS INQUIRY

Dear Sir:

Pursuant to M.P.E.P. § 203.08, the undersigned attorney of record inquires as to the status of the above-identified application. The referenced application was filed on February 27, 2002. No apparent action has been received. The undersigned respectfully requests notification of the status.

Respectfully submitted,

Michael A. Bertelson  
Reg. No. 54,713

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